



ISM USE ONLY

Reg. Fee Paid CASH CK #

Enrolled Days:

Start Date:

Discharge Date:

Notes:

110 Commercial Suite 102 Marshfield, MO 65706

ph. (417)859-6055

www.ImaginationStationMarshfield.com

Imagination Station Enrollment Form

Preferred start date:

(PLEASE FILL IN ALL INFORMATION COMPLETELY PER STATE REQUIREMENT)

Student's Full Name _____ **Age Today** _____

Date of Birth _____ Grade in School _____ Male or Female _____ Home Phone # _____

Full Primary Address _____

Comprehensive Programs for Ages 2-12 \$20/half day or \$35/full day
 (Rates include all special programs & activities on days enrolled)
(receive a 10% tuition discount for full-time enrolled M-F students making it \$32/day!)
**All students attending during the lunch hour will need to bring a packed lunch.*

Please Mark Enrollment Preferences:

PRESCHOOL PROGRAMS (ages 2-5) Preschoolers must be potty trained to attend preschool classes.

- AM Curriculum 8-11:30 Mixed Age 2/3/4 (class begins at 8:30) T/TH \$20/Half Day
 AM Curriculum 8-11:30 Pre-K Age 4/5 (class begins at 8:30) T/W/TH/F \$20/Half Day
 FULL DAY 7:30-5:30 Mixed Age 3/4/5 (includes all programs) M/T/W/TH/F \$35/Full Day

SCHOOLAGE PROGRAMS (ages 5-12)

- Monday Fun Days 7:30-6:00 Mondays \$140/mnth
(includes Donut Day, Roller Skating, Bounce Party Express, RetroZone Arcade, LearningLink, Gym Sports & more!)
 T-F Afterschool Only 3:30-6:00 T-F \$120/mnth or \$8/single day
 (When Marshfield schools are out there is no after school program, but we do offer full day childcare for School age students at an additional charge.)
 Combo. Discount-Monday Funday & T-F afterschool Mon & T-F \$240/mnth

Set Monthly Rates:

(ACH automatic payments registration is required with half due on the 1st & half due on the 15th)

Half Days (up to 4 hours)	(1) One ½ day (Monday's Only)	(2) Two ½ days	(3) Three ½ days	(4) Four ½ days	(5) Five ½ days
	\$80/mnth	\$160/mnth	\$240/mnth	\$320/mnth	\$400/mnth
Full Days (7am-6pm)	(1) One Full day (Monday's Only)	(2) Two Full days	(3) Three Full days	(4) Four Full days	(5) Five Full days
	\$140/mnth	\$280/mnth	\$420/mnth	\$560/mnth	\$630/mnth*

*Includes a 10% tuition discount for fulltime M-F

A non-refundable **\$50.00 registration fee** is due upon enrollment to reserve your child's spot.

(If you leave for the summer, you will be charged a non-refundable \$50 hold fee on or around June 1st to hold your child's spot for the next school year.)

Mother's Name _____

Mother's Employer/ Occupation/Complete Work Address _____

Work Phone _____ Days/Hours of Employment _____

Mother's Email Address _____ Mother's Cell Phone _____

Father's Name _____

Father's Employer/Occupation/Complete Work Address _____

Work Phone _____ Days/Hours of Employment _____

Father's Email Address _____ Father's Cell Phone _____

Other Children living in home & ages _____

Are the enrolled child's Mother and Father living in the same household? Yes / No

EMERGENCY INFORMATION

Please list Name, Phone Number and Complete Address of alternate emergency contact other than parents. (One Required)

- _____
- _____

Student Medical Concerns or Restrictions: (PLEASE CONTINUE ON BACK) _____ ies: _____

Any Additional Information We Need to Know About Your Child or Family: _____

Is Child Current with Immunizations? _____ (please include current shot record- required for all students)

PERSON(S) AUTHORIZED TO TAKE CHILD FROM IMAGINATION STATION

Name(s)/Contact Number & Relationship: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize **Imagination Station Staff** to contact the following:

PHYSICIAN OR CLINIC

Doctor _____ Doctor Phone _____
Address _____

Preferred Hospital _____ Hospital Phone _____
Address _____

WALKING FIELD TRIPS

I DO **I DO NOT** (Please initial your choice)

GIVE CONSENT FOR MY CHILD TO TAKE WALKING FIELD TRIPS / EXCURSIONS WITH IMAGINATION STATION TO MARSHFIELD COMMUNITY CENTER GYM, THE DEPOT, BOUNCE PARTY EXPRESS, LEARNINGLINK, RETROZONE ARCADE, PUBLIC LIBRARY, ROTARY PARK, ETC. UNDER STRICT SUPERVISION. PARENTS WILL BE INFORMED AHEAD OF TIME OF ANY OFF-CAMPUS FIELDTRIPS.

ENROLLMENT AGREEMENTS

- A. I have received a copy of this facility’s policies pertaining to the admission, care, and discharge of children.**
- B. I understand that if my child is in attendance during the lunch hour he/she will need to pack a healthy lunch and drink to bring to school each day.**
- C. I do understand that due to the structured curriculum, my child must be potty trained to attend Imagination Station Preschool.**
- D. When my child is ill, I understand that my child may not be accepted or remain in care.**
- E. I understand that open communication is encouraged between teachers and parents regarding my child’s development, behavior, and individual needs and will be kept confidential.**
- F. I agree to a minimum enrollment of 3 months, after such period, a written ONE MONTH NOTICE WITH PAYMENT, is required for permanent withdrawal. No refunds or credit will be given. If a state of emergency requires us to close we will do our best to provide credit, however refunds will not be issued.**
- G. I agree to enroll in ACH withdraw for automatic bi-monthly payments deducted on the 1st and 15th of each month.**
- H. I understand that missed days will not be refunded, credited or forwarded to the next month.**
- I. I understand that I will have a monthly snack turn for my child’s class and agree to provide 12-healthy snacks & 12-100% juice pouches on or before my scheduled snack day.**
- J. I give Imagination Station permission to use group activity photos with my child in them for the local newspaper, on display at the facility, or on the Imagination Station website for the purpose of promoting their business. Children will not be named in photos without parent permission.**
- K. I am welcome to review a copy of the licensing rules for childcare centers, available at the facility.**
- L. Parents/Guardians of students enrolling or enrolled at Imagination Station may request notice at any time during enrollment of students currently enrolled having immunization exemption on file.**
- M. I hereby give my child permission to attend Imagination Station and release Imagination Station, et. al from claims for damages or injuries or illness incurred while participating in the program.**

Parent/guardian Signature

Date

Parent/guardian Signature

Date

Please Deliver or Mail This Completed Form and \$50 Registration Fee to:
Imagination Station 110 Commercial, Suite 102 Marshfield, MO 65706
(417) 859-6055